

VEDDERPRICE

VEDDER, PRICE, KAUFMAN & KAMMHOLZ, P.C.
222 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60601
312-609-7500
FACSIMILE: 312-609-5005

RECEIVED
CENTRAL FAX CENTER

JAN 17 2005

Facsimile

OFFICES IN CHICAGO, NEW YORK CITY AND ROSELAND, NEW JERSEY

If you have any problems with this transmittal,
please call 312 609-5001.
Our Fax Number is 312-609-5005.

Confidentiality Note
This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery of the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at 312-609-5001, and return this original message to us at the above address via the U.S. Postal Service. Thank you.

Fax Operator:

Please deliver the following page(s) to:

Page 1

Name: U.S. Patent and Trademark Office

Fax No.: 703-872-9306

Firm:

Confirmation No.: 312-609-5005

From: Mark A. Dalla Valle

Sender's Ext.: 7620

Date: February 16, 2005

Total Pages: 3

Client No.: 11461.00.0175

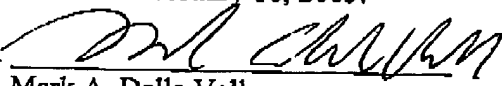
Time Received by Fax Dept.:

2005 FEB 17 PM 12:21

Message:

U.S. Patent Application No. 10/622,613, filed July 18, 2003, Docket No. 11461.00.0175 (P05619)

I hereby certify that this correspondence; Power of Attorney (PTO/SB/81) and Statement Under 37 CFR 3.73(b) (PTO/SB/96) are being facsimile transmitted to the United States Patent and Trademark Office on February 16, 2005.


Mark A. Dalla Valle
Reg. No. 34,147

CHICAGO/#1337051.1

JAN 17 2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 11/30/2005. OMB 0851-0035
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/622.613
Filing Date	July 18, 2003
First Named Inventor	Peyman Hojabri
Title	Hardware Controller Circuitry for Video Signal during on-screen-display (OSD) window
Art Unit	2676
Examiner Name	Wesner Sajous
Attorney Docket Number	P05619(11461.00.0175)

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23418

OR

☐ Practitioner(s) named below:

Name	Registration Number
Mark A. Dalla Valle	34,147

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

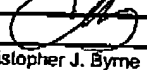
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Christopher J. Byrne	Date	2-3-05
Title and Company	Director of IP & Technology Licensing, National Semiconductor	Telephone	408-721-8155

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

1331731

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Peyman HojabriApplication No./Patent No.: 10/622,613Filed/Issue Date: July 18, 2003Entitled: Video display interface controller for host video display unit**RECEIVED
CENTRAL FAX CENTER****JAN 17 2005**

National Semiconductor Corporation

(Name of Assignee)

a corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014306, Frame 0080, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

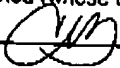
1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

Christopher J. Byrne

Printed or Typed Name

2-3-03

Date

408-721-6155

Telephone Number

Director of IP & Technology Licensing, National Semiconductor

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1331737

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

P05619(11461.00.0175)

BEST AVAILABLE COPY